

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **34306**

FILED NOV 8 1952
40601

BIRTH NO. **40601** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **427**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Qulin, Mo.	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) R F D 1 Ash Hill TWP	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Patty	b. (Middle) Ann	c. (Last) Danner	4. DATE OF DEATH (Month) (Day) (Year) June 22, 52
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH 20 June 1952
9. AGE (In years last birthday) 2	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	11. BIRTHPLACE (State or foreign country) Poplar Bluff, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joe Danner	13b. MOTHER'S MAIDEN NAME Vera Webber	14. NAME OF HUSBAND OR WIFE Danner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Joe Danner ADDRESS Rt One Qulin, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUNE 20, 1952 , to JUNE 22, 1952 , that I last saw the deceased alive on JUNE 22, 1952 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE John H. Johnson (Degree or title)	23b. ADDRESS Reg. Dist. No. 1	23c. DATE SIGNED 7-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 22 June 52	24c. NAME OF CEMETERY OR CREMATORY Danner Private Cem	24d. LOCATION (City, town, or county) (State) RFD Qulin, Missouri
DATE REC'D BY LOCAL REG. 10-31-1952	REGISTRAR'S SIGNATURE John H. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS No Funeral Director	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 5 1952

BUTLER CO. HEALTH CENTER

FILE No. 1152-528

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wallace R Knight

Licensed Embalmer No. 4544

P. O. Address 412 Vine Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.